

**FEC  
FORM 3****REPORT OF RECEIPTS  
AND DISBURSEMENTS**

For An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

Susan Narvaiz for Congress

ADDRESS (number and street)

102 WONDER WORLD DRIVE SUITE 304

PMB 304

Check if different  
than previously  
reported. (ACC)

SAN MARCOS

TX

78666

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C C00504332

3. IS THIS  
REPORT☐ NEW  
(N)

OR

☒ AMENDED  
(A)

TX

35

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y

/

/

in the  
State of

/

(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

/

/

in the  
State of

/

5. Covering Period

M M / D D / Y Y Y Y

01 / 01 / 2015

/

through

M M / D D / Y Y Y Y

03 / 31 / 2015

/

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Gail M. Pavlovsky

Signature of Treasurer

Gail M. Pavlovsky

[Electronically Filed]

Date

M M / D D / Y Y Y Y

03 / 28 / 2016

/

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3**  
(Revised 02/2003)

# SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

Susan Narvaiz for Congress

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	1		2	0	1	5

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	1	5

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	1000.00	1000.00
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	1000.00	1000.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	1053.86	18806.04
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) .....	1053.86	18806.04
8. Cash on Hand at Close of Reporting Period (from Line 27).....	145.05	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	95043.46	

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 14

Write or Type Committee Name

Susan Narvaiz for Congress

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	1		2	0	1	5

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	1	5

**I. RECEIPTS**
**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date
**11. CONTRIBUTIONS (other than loans) FROM:**

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

(ii) Unitemized.....

(iii) TOTAL of contributions from individuals ▶

(b) Political Party Committees.....

(c) Other Political Committees (such as PACs).....

(d) The Candidate.....

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

**12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....****13. LOANS:**

(a) Made or Guaranteed by the Candidate.....

(b) All Other Loans.....

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

**14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....****15. OTHER RECEIPTS (Dividends, Interest, etc.) .....****16. TOTAL RECEIPTS** (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 14

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	1053.86	18806.04
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	2000.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	2000.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	1053.86	20806.04

## **III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	185.67
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	1013.24
25. SUBTOTAL (add Line 23 and Line 24).....	1198.91
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	1053.86
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	145.05

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 5 OF 14

(check only one)

<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input checked="" type="checkbox"/> 11d 14	<input type="checkbox"/> 15
------------------------------------	-------------------------------------	-------------------------------------	---	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Susan Narvaiz for Congress

Full Name (Last, First, Middle Initial)

SUSAN NARVAIZ

A.

Mailing Address 102 WONDER WORLD DRIVE SUITE 304  
PMB 304

City State Zip Code  
SAN MARCOS TX 78666

FEC ID number of contributing  
federal political committee.

C H2TX35029

Name of Employer  
Self-employed

Occupation  
Consultant

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 03 2015

Transaction ID : SA11D.7365

Amount of Each Receipt this Period

500.00

☐ Memo Item  
Campaign Contribution

Full Name (Last, First, Middle Initial)

SUSAN NARVAIZ

B.

Mailing Address 102 WONDER WORLD DRIVE SUITE 304  
PMB 304

City State Zip Code  
SAN MARCOS TX 78666

FEC ID number of contributing  
federal political committee.

C H2TX35029

Name of Employer  
Self-employed

Occupation  
Consultant

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 04 2015

Transaction ID : SA11D.7366

Amount of Each Receipt this Period

500.00

☐ Memo Item  
Campaign Contribution

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

1000.00

1000.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 6 OF 14

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Susan Narvaiz for Congress**

Full Name (Last, First, Middle Initial)

**A. A Perfect Office Solution**

Mailing Address P.O. Box 3647

City	State	Zip Code
Pflugerville	TX	78691

Purpose of Disbursement  
Accounting Services

001

Candidate Name

**Susan Narvaiz for Congress**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: TX District: 35

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		12		2015

Amount of Each Disbursement this Period

455.00

☐ Memo Item

Transaction ID : SB17.7384

**B. A Perfect Office Solution**

Mailing Address P.O. Box 3647

City	State	Zip Code
Pflugerville	TX	78691

Purpose of Disbursement  
Accounting Services

001

Candidate Name

**Susan Narvaiz for Congress**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: TX District: 35

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		19		2015

Amount of Each Disbursement this Period

308.75

☐ Memo Item

Transaction ID : SB17.7385

**c. Authorize.net**

Mailing Address P.O. Box 947

City	State	Zip Code
American Fork	UT	84003-0947

Purpose of Disbursement  
Bank card fees

001

Candidate Name

**Susan Narvaiz for Congress**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: TX District: 35

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		02		2015

Amount of Each Disbursement this Period

35.80

☐ Memo Item

Transaction ID : SB17.7371

**SUBTOTAL** of Disbursements This Page (optional).....

799.55

**TOTAL** This Period (last page this line number only).....



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 8 OF 14

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Susan Narvaiz for Congress**

Full Name (Last, First, Middle Initial)

**A. Authorize.net**

Mailing Address P.O. Box 947

City	State	Zip Code
American Fork	UT	84003-0947

Purpose of Disbursement  
Bank card fees

001

Candidate Name

**Susan Narvaiz for Congress**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: TX District: 35

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		02		2015

Amount of Each Disbursement this Period

45.80
-------

☐ Memo Item

Transaction ID : SB17.7380

**B. Authorize.net**

Mailing Address P.O. Box 947

City	State	Zip Code
American Fork	UT	84003-0947

Purpose of Disbursement  
Bank card fees

001

Candidate Name

**Susan Narvaiz for Congress**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: TX District: 35

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		03		2015

Amount of Each Disbursement this Period

10.00
-------

☐ Memo Item

Transaction ID : SB17.7381

**C.**

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y

Amount of Each Disbursement this Period

--

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

45.80

921.15



**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 9 OF 14

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.6402

Susan Narvaiz for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

☐ Memo Item

SUSAN NARVAIZ

Election: 2014

☐ Primary☒ General☐ Other (specify) ▼

Mailing Address

102 WONDER WORLD DRIVE SUITE 304  
PMB 304

City

State

ZIP Code

SAN MARCOS

TX

78666

Original Amount of Loan

10000.00

Cumulative Payment To Date

8000.00

Balance Outstanding at Close of This Period

2000.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
07 / 15 / 2014

Date Due

M M / D D / Y Y Y Y

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

2000.00

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 10 OF 14

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.6403

Susan Narvaiz for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

☐ Memo Item

SUSAN NARVAIZ

Election: 2014

☐ Primary☒ General☐ Other (specify) ▼

Mailing Address

102 WONDER WORLD DRIVE SUITE 304  
PMB 304

City

State

ZIP Code

SAN MARCOS

TX

78666

Original Amount of Loan

5000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

5000.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
08 / 18 / 2014

Date Due

M M / D D / Y Y Y Y

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

5000.00

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 11 OF 14

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.6411

Susan Narvaiz for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

☐ Memo Item

SUSAN NARVAIZ

Election: 2014

☐ Primary☒ General☐ Other (specify) ▼

Mailing Address

102 WONDER WORLD DRIVE SUITE 304  
PMB 304

City

State

ZIP Code

SAN MARCOS

TX

78666

Original Amount of Loan

9000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

9000.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
08 / 18 / 2014

Date Due

M M / D D / Y Y Y Y

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

9000.00

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 12 OF 14

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.7135

Susan Narvaiz for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

☐ Memo Item

SUSAN NARVAIZ

Election: 2014

☐ Primary☒ General☐ Other (specify) ▼

Mailing Address

102 WONDER WORLD DRIVE SUITE 304  
PMB 304

City

State

ZIP Code

SAN MARCOS

TX

78666

Original Amount of Loan

3000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

3000.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
10 / 27 / 2014

Date Due

M M / D D / Y Y Y Y

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

3000.00

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 13 OF 14

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.7170

Susan Narvaiz for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

☐ Memo Item

SUSAN NARVAIZ

Election: 2014

☐ Primary☒ General☐ Other (specify) ▼

Mailing Address

102 WONDER WORLD DRIVE SUITE 304  
PMB 304

City

State

ZIP Code

SAN MARCOS

TX

78666

Original Amount of Loan

1000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1000.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
11 / 24 / 2014

Date Due

M M / D D / Y Y Y Y

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

1000.00

**TOTALS** This Period (last page in this line only)..... ►

20000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE D (FEC Form 3)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 14 OF 14

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**Susan Narvaiz for Congress**A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**SUSAN NARVAIZ**Nature of Debt (Purpose):  
Expense Reimbursement Set Up Office,  
Supplies, Testing The WatersMailing Address 102 WONDER WORLD DRIVE SUITE 304  
PMB 304City State Zip Code  
SAN MARCOS TX 78666

Outstanding Balance Beginning This Period

14496.13

Transaction ID : SD10.4106

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

14496.13

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Nexus**Nature of Debt (Purpose):  
Printing

Mailing Address 101 Thermon Drive

City State Zip Code  
San Marcos TX 78666

Outstanding Balance Beginning This Period

431.23

Transaction ID : SD10.6199

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

431.23

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Sedona Staffing Services**Nature of Debt (Purpose):  
Staffing Services

Mailing Address 600 - 35th Avenue

City State Zip Code  
Moline IL 61265

Outstanding Balance Beginning This Period

60116.10

Transaction ID : SD10.5151

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

60116.10

1) **SUBTOTALS** This Period This Page (optional) ..... ▶

75043.46

2) **TOTALS** This Period (last page this line number only) ..... ▶

75043.46

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶

20000.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

95043.46